

Name

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Office:

M House

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

□ Senate

MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

John L. Martin

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address Pu Box 250		House 1	
City, zip code Eaglo Lake . 047	n er reason en	Phone	
PART 1. INCOME DEN	RIVED FROM EMPLOYMENT BY ANOT		
List the name and address of each employer from who economic activity of each employer.	m you received compensation of \$1,000 or	more. Specify the principal type of	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Coment of Marie	23 liments Davie Fact Keat	Eclevation	
State of mance	2 State House States Augusta	legisla fore	
	DERIVED FROM SELF-EMPLOYMENT slators who are self-employed.)		
A. List the name and address of your business, if any, associated with a partnership, firm, professional associa entity.			
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: Commette, This	Insurence Sales	Healtha life Ins	
Name: UNUM Address: Portland, mane	Some	Stone	
*		- · · · · · · · · · · · · · · · · · · ·	

PART 2 (continued). INCOME DERIVED FRO		NT
B. List each source of income derived from self-employment that represents more greater, and specify the principal type of economic activity of the entity or person disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	on from whom you derive	ed such income. If this form of
Name and Address of Source	A	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name: Anthen Blue Crass - Blue Shelled Address: South Portland, Drawie	,	Yeart Ins Sales
Name: Address:		
PART 3. MAJOR AREAS OF F (For Legislators who are attorneys-at List your major areas of practice. If associated with a law firm, list the major areas	-law only.)	
Name and Address of Firm	Major Areas of Practice (self)	\$1940.00000000000000000000000000000000000
Name: Address:	(GGI)	(fim)
Name: Address:	re Constitution (Constitution) de Constitution (Constitution)	
PART 4. OTHER SOURCES OF	FINCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this fo	rm. Do not include gifts.	If none, check the box.
LI None		Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name: Eagle the Dufeldes, Eigle the Address: Mad Ruch INC Egle ble	Na	refat
Masse Part Congs I + 13 R8		at comps
Name: f + P martin V +PC Eglo ble	Yen	tata tout sales
Weather Connece Center LLC - Wently	, le	ntols
Tomariola Holl, Inc Eigle Hu	las VIII TIES	tand V lodging
PART 5. REPORTABLE LIAE List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you		orting period, and list the major
areas of economic activity of each creditor. Do not list credit card liability or loans	from a relative. If none, c	heck the box.
[™] None		od antwent of motivation and antwent of the state of the
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	- Ville Wash to	·
Address:	Genne / Addition Assets as the Common Assets as the	
Name:		ээр их хэвэг нэг хэр хэр хэв
Address:	zorAustininos-Pat	e .

PART 6	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incone, check the box.	lude gifts with an aggregate	value of more	e than \$300 from a single source. If
None	Mari mambanahanahanah mada mada bi samanna aran mada aran aran samanggana yanggana yanggana yangganga.	**************************************	- And Committed and a state of the state of
Name of Source of Gift	(A, A, A	Name of	Source of Gift
1.	3.	helve I to Z., 2011 (Z.) solve (T. V.) (Article Art.) solve (A. V.) solve (A. V.) (Art.) (Art.) (Art.) (Art.)	Production of Colombia (Colombia) and an extension of the Colombia (Colombia) and an extension of Colombia
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	EPORTABLE HONORAR		
List the source of any honoraria accepted for appearances or	r speeches related to your leg	islative respo	onsibilities. If none, check the box.
None None	Before promote the contract of	in de tit verkeite til versittelikke kjöttlinde og at delegde vekstigslevi.	
Name of Source of Honoraria	September 1 million of the first of the firs	Name of So	urce of Honoraria
1.	3.		- Reduction of Selection National Vivi
2.	4.	Their and a state of the state	1900 (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you repres box.	ented or assisted others for o	compensation	n of any amount. If none, check the
None	فالمعارضة والمسترية والمسترية والمرابعة والمرابعة والمسترية والمناصرة والمسترية والمست	hadrikendinakenderan vessenakendine; husser;	$w_{i}^{*} = w_{i}^{*} + w_{i$
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1.	interproprieta i interp	ESCRIT COMPANY (REMINE) COMPANY (RECORDS COMPANY)	ર્જ્ય કરવાલના દરાક લાલા અન્ય અને ખુડાલા અન્યવેચ્છા ક્ષેત્રમાં દેવના પ્રત્યા કર્યા અન્ય પ્રત્યા કરવાલી અને કર્યો હોઇ છે. અને સ્વાર્થિક સ્વ
			ARTORERENENENENENENENENERERERERERERERERERER
2.	4.		
PART 9. BUSIN	NESS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	sold goods o	r services with a value in excess of
None	ССССТВО	terreta es tratación estruturados e ducatados es comicados estrados en	150 кт. 1 мет и неболя римани (п ътврим и утогрум портруктори (порт) (
Name of Agency	aping and and the lower for the state of the	Name	of Agency
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	ilited a limmerile and the little marrier and gradual of the transmission and mass a marriam representation of the project in a project in the project in th	evelled state (100 et al. 100 et	milikain milikain myy een minikain meet makan makan makan makan kan kan kan kan kan kan kan kan kan
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DART 40, INCOME DECEN	ED BY MEMBERS OF M	AFF () AFF (F	
PART 10. INCOME RECEIV			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of	Relationship	Kind of Income
	Income Received		
Name: More	1.	Spouse or	1.
Job Title:	2.	Domestic Partner	2.
	3.	I didio	3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	+ constant + both + b	Dependent	
activity and the kind of income.		Child	
		Dependent Child	

PART 11. OFFICE	ER OR DIRECTOR I	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.				
□ None				
Organization/Business and Address	Тійе	Position Held By:	Family Member's Name	Compen- sated?
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Eagle We Developed IN - E.L.	Directore	tem	and the second s	Two
	SIGNATURE			
A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)				
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)				
Signature ' Date				

ADDITIONAL INFORMATION					
Please provide the information	le any additional information below (and on additional sheets if needed). on you are providing.	Indicate the part or section number for			
Part/Section Number					
-		•			
		•			